

AP Occupational Health Best Practices Readiness Assessment

This voluntary educational practice aid is not an L&I practice or documentation requirement. It was developed by the Industrial Insurance Chiropractic Advisory Committee to assist attending providers determine the extent of their capacity to address identified best practices for delivering high quality care for injured workers. Revised February 12, 2015

Clinic Name:	Date Administered:	

Name/Title of Readiness Assessment Participants:

Domain 1: Administrative Activities and Practices			
Objective	Measures	Level of Importance to Practice	Variation Among Different Providers Within the Practice
1.11 Policies and Procedures to	The practice has a written document related to coordination of care across multiple providers.	□ High	□ High
Assure Coordinated Care	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Medium☐ Low	☐ Medium ☐ Low
1.21 Access to	Patients have access to care for work-injury-related issues and can call the practice and be seen within 24 hours.	☐ High	☐ High
Care		☐ Medium	☐ Medium
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Low	☐ Low
1.3 Internal Communications	The practice has defined communication strategies for communication within the practice between staff and the designated providers of care, in a manner to alert priority, reduce confusion and minimize communication errors.	☐ High	☐ High
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Medium☐ Low	☐ Medium ☐ Low
1.3a Internal Communications	At first office visit, your office staff determines the correct report of accident to have the	☐ High	☐ High
	injured worker complete.	☐ Medium	☐ Medium
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low

Domain 1: Administrative Activities and Practices			
Objective	Measures	Level of Importance to Practice	Variation Among Different Providers Within the Practice
1.3b Internal	The office staff can determine phone call urgency to interrupt the AP for urgent	□ High	□ High
	conversations concerning the injured worker.	☐ Medium	☐ Medium
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
	The practice documents all elements of the patient visit in the patient record that is required	□ High	□ High
1.4 Data Quality Standards	by L&I Rules and Regulations, and as a matter of standard of care.	☐ Medium	☐ Medium
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
	Privacy, security and patient consent policies and procedures are given to each patient (including understanding of claim-related information allowed to be shared with patient's	□ High	□ High
1.5 Privacy and Security	employer).	☐ Medium	☐ Medium
Ţ	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
1.6 Cultural	Cultural competency strategies have been implemented throughout the practice and are a focal point in office procedures.	□ High	□ High
Competency		☐ Medium	☐ Medium
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
1.6a Cultural	The practice readily has access to language interpreters or the L&I toll free language line.	☐ High	☐ High
Communication		☐ Medium	☐ Medium
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
1.6b Cultural	The practice keeps note of patients' written communication and language preferences or	□ High	□ High
Communication	special accommodation needs.	□ Medium	☐ Medium
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
1.7 Staff Training	Periodically, the entire care team is trained on best practices in injury-care and RTW to	□ High	□ High
	continuously improve their knowledge and skills.	□ Medium	☐ Medium
	☐ Not prepared ☐ Moderately prepared ☐ Highly Prepared ☐ Actively performing	☐ Low	☐ Low

Domain 2: Oc	cupational Health Best Practices		
NOTE: Occupational health culture is implemented by all staff through: Referrals to appropriate specialists at the appropriate time Following best practices in medical care and Occupational Health Returning workers to work as soon as possible after injury Communication with employers			
Objective	Measures	Level of Importance to Practice	Variation Among Different Providers Within the Practice
2.1 Physician Initial Report	Work flow exists for the Report of Accident (ROA) is fully completed and mailed or faxed within 2 business days.	☐ High	☐ High
(Report of Accident)	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Medium☐ Low	☐ Medium ☐ Low
2.2 Employer	Work flow exists for employer of injury (or representative) to be contacted by the AP on the initial visit with any time loss or work accommodation prescription.	□ High	☐ High
contact	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Medium	☐ Medium
		☐ Low	☐ Low
2.3 Activity	Work flows exist for timely and accurate completion and communication of the Activity Prescription Forms on the initial and subsequent visits with any change in work status.	□ High	□ High
Prescription Form	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Medium	☐ Medium
		☐ Low	☐ Low
2.4 Functional Status and	Work flows are in place to obtain baseline functional ability, prescribe increasing activity and monitor functional improvement.	☐ High	☐ High
Activity Levels	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Medium	☐ Medium
	— Not prepared — moderately prepared — riiging prepared — Actively performing	☐ Low	☐ Low
2.5	The practice employs best practice strategies for communicating and reinforcing recovery and return to work goals and expectations, including use of motivational interviewing.	☐ High	☐ High
Communicating Expectations	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Medium	☐ Medium
	☐ Not prepared ☐ Moderatery prepared ☐ Highly prepared ☐ Activery performing	☐ Low	☐ Low
2.6 Assessment of barriers to recovery and return to work	The practice employs tools and processes for timely assessment of barriers to recovery or impediments to return to job of injury consistent with occupational health best practices.	☐ High	☐ High
		□ Medium	☐ Medium
	□ Not prepared □ Moderately prepared □ Highly prepared □ Actively performing	□ Low	□ Low

Domain 2: Oc	cupational Health Best Practices		
NOTE: Occupational health culture is implemented by all staff through: • Referrals to appropriate specialists at the appropriate time • Following best practices in medical care and Occupational Health • Communication with employers			
Objective	Measures	Level of Importance to Practice	Variation Among Different Providers Within the Practice
2.7 Return to Work options	The AP readily understands and employs the different RTW options available.	□ High	☐ High
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Medium	☐ Medium
		☐ Low	☐ Low
2.8 Consultations	The AP seeks consultations should the IW fall short in their RTW goals	☐ High	☐ High
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Medium	☐ Medium
		☐ Low	☐ Low

Domain 3: Quality Improvement Processes			
Objective	Measures	Level of Importance to Practice	Variation Among Different Providers Within the Practice
3.1 Quality Improvement	Periodically, the staff is measured on performance and quality improvement to determine how well the care team is implementing best practices in injury-care and RTW	☐ High	☐ High ☐ Medium
Measures	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Low	□ Low
3.2 Quality Improvement Indicators	Does the practice complete a quality improvement activity more than once a year that follows a quality improvement methodology based on results from quality indicators within the practice?	☐ High ☐ Medium	☐ High ☐ Medium
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
3.3 Quality Improvement Feedback	The practice gather, review, and use patient and family feedback to improve the quality of their services.	☐ High	☐ High
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	· □ Medium □ Low	☐ Medium☐ Low

Domain 4: Care Coordination			
Objective	Measures	Level of Importance to Practice	Variation Among Different Providers Within the Practice
4.1 Adopts Clinical Evidence- Based Guidlines	The practice has integrated the current L&I treatment guidelines, conservative care evidence summaries and other occupational health best practices into usual care.	□ High □ Medium	☐ High ☐ Medium
Daood Galamios	\square Not prepared $\ \square$ Moderately prepared $\ \square$ Highly prepared $\ \square$ Actively performing	□ Low	□ Low
4.2 Staffing Capacity	The practice has a staff position dedicated to verifying payer and eligibility issues, overseeing care coordination activities and related work flows.	☐ High ☐ Medium	☐ High ☐ Medium
cupacity	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
4.3 Internal	Policies and procedures are in place to coordinate care across multiple providers within the	□ High	□ High
Continuity of Care	practice.	□ Medium	☐ Medium
	\square Not prepared $\ \square$ Moderately prepared $\ \square$ Highly prepared $\ \square$ Actively performing	□ Low	□ Low
4.4 External Continuity of Care	Policies and procedures are in place for identifying and tracking specialty consultations and referrals	□ High	□ High
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Medium☐ Low	☐ Medium ☐ Low
4.5 Transition of	Processes exist to facilitate provider communication and information exchange accompanying specialty consultation or referral, or PT/OR referral.	☐ High	☐ High
Care Out of Practice		☐ Medium	☐ Medium
Tradiloc	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
4.5a Transition of	Processes exist to obtain continuity of care documentation upon referral from emergency physician, specialist, and following consultation/referral or PT/OT care.	□ High	☐ High
Care into Practice		☐ Medium	☐ Medium
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Low	□ Low
4.6 Patient/Family Involvement	Care plans (including return-to-work) are developed collaboratively with patients and families at appropriate literacy levels	□ High	☐ High
	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	. □ Medium □ Low	☐ Medium☐ Low

Domain 4: Care Coordination			
Objective	Measures	Level of Importance to Practice	Variation Among Different Providers Within the Practice
4.7 Patient Assessment/Plan	Patient assessments and plans of care include clinical, social, psychological, environmental and financial aspects of care.	☐ High	□ High
of Care	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	Low	Low
4.8 Resources	The practice refers patients with complex needs to specialty care.	□ High	□ High
and Provider Referrals		☐ Medium	☐ Medium
Referrats	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	☐ Low	□ Low
4.8a Resources	The practice evaluates the effectiveness of specialty care resources at least annually	☐ High	☐ High
and Provider Referrals		☐ Medium	☐ Medium
Referrals	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
4.8b Resources	The practice refers patients to community-based resources for social, psychological,	☐ High	□ High
and Provider	environmental, and financial needs.	☐ Medium	☐ Medium
Referrals	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
4.8c Resources	The practice updates lists of community-based resources.	☐ High	☐ High
and Provider Referrals		☐ Medium	☐ Medium
Referrals	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
4.8d Resources	The practice assesses effectiveness of community-based resources at least annually.	☐ High	☐ High
and Provider Referrals		☐ Medium	☐ Medium
Keterrais	☐ Not prepared ☐ Moderately prepared ☐ Highly prepared ☐ Actively performing	□ Low	□ Low
4.9 Provider Education	Continuing education is obtained by the entire care team to maintain and build care and	☐ High	☐ High
	disability management knowledge and skills (including teach backs).	☐ Medium	☐ Medium
	\square Not prepared \square Moderately prepared \square Highly prepared \square Actively performing	□ Low	□ Low